

## Currier reflects on 29 years in public health

By Russ Currier, State Public Health Veterinarian



Russ Currier, the state public health veterinarian, poses with props representing his 29 years of service with public health. They include a "West Nile" crow, insect repellent, his "palm tree" cup and an oversized spider. Currier will retire on July 30.

I was very excited to secure a job with the Iowa Department of Health (later Public Health) in 1975. The farm economy was really robust and the state had resources to investigate disease and take measures to prevent it.

The two most significant disease problems related to animals were brucellosis and of course, rabies. Brucellosis was almost exclusively a disease of packing plant workers and follow-up on the 40 to 50 cases a year focused on ensuring that correct testing was done and consulting on lengthy and complex treatment regimens. Brucellosis was a disease of severe morbidity but almost no mortality. The disease in humans disappeared on its

own after it was eliminated from cattle and swine.

The first big episode of my early years occurred just before Christmas 1975 with simultaneous reports of clinical trichinosis in Iowa residents who had consumed venison summer sausage. (*Trichinella* are small worms that live briefly in the intestines of many wild and some domestic animals, transmitted to humans when they eat undercooked meat products contaminated with encysted larval worms.)

A "QUICK AND DIRTY" INVESTIGATION DID confirm trichinosis based on blood tests (serology + eosinophilia) and analysis of sausage confirmed the presence of live trichinae in the sausage meat. The deer meat

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## General Assembly to see new faces

By Lynh Patterson, IDPH Legislative Liaison

The 80<sup>th</sup> General Assembly is finished. The House and Senate chambers are quiet now legislators have gone home to their districts to focus on their campaigns. All 100 representatives



are up for re-election as is half of the 50-member senate. Just a reminder that in the next few weeks I will post a 2004 Legislative Bill Summary on the department's web page at

[http://www.idph.state.ia.us/do/legislative\\_updates.asp](http://www.idph.state.ia.us/do/legislative_updates.asp)

For those who want to read the Governor's comments on why he vetoed certain bills, please go to the Governor's web page and check out his press releases.

<http://www.governor.state.ia.us/>

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# EMS for Children collaborates with Kiwanis

By Katrina Altenhofen, Bureau of EMS

**W**hen children are involved in an illness or injury, having emergency responders with access to essential equipment designed specifically for their special needs can make a big difference in treatment and recovery.

Collaboration and partnership



A Sergeant Bluff boy gives a thumbs up on emergency equipment designed for pediatric care.

have always been “buzz” words for those in public health. The prevalence of such endeavors could not be more evident than the initiative currently being undertaken by the Emergency Medical Services for Children (EMSC) and the Iowa-Nebraska Kiwanis Foundation.

The goal of the partnership is to provide pediatric equipment to every authorized basic life support service in Iowa and Nebraska. The process includes an application for the unit by a local Kiwanis club pays for half of the equipment. The Iowa-Nebraska Kiwanis Foundation pays for the other half. To date, 168 Iowa services have received the much needed equipment.

Several success stories have already surfaced with

the most recent happening in Underwood. On Monday, April 5, the



equipment was presented to the squad along with a two-hour continuation education. Both the local Kiwanis group and the EMS service were extremely

grateful for the opportunity to “help.” Then only five days later, which the Underwood EMS service used the equipment to assist a young girl who had been involved in an ATV crash.

This program illustrates the goal of the Iowa Department of Public Health to match community need with resources. It is remarkable to see one volunteer community service come together with the EMSC to assist yet another volunteer community service.

## JEL to hold fifth annual summit this summer

By Kyle Frette and Angela Korte, IDPH Interns

**I**owa youth will join 35 Just Eliminate Lies (JEL) executive council members and staff from the Iowa Department of Public Health’s (IDPH) Division of Tobacco Use Prevention and Control on July 27-29 at Drake University for the 5<sup>th</sup> annual JEL summit.

After five years, JEL, Iowa’s youth-led anti-tobacco group, has evolved from a group providing common tobacco knowledge one that takes on the tobacco industry. JEL has over 7,000 members who are united to reduce tobacco use in Iowa. JEL anticipates that 800 high school students will come together at the summit to learn valuable techniques about becoming an advocate of tobacco prevention and control. This year’s theme is “Time’s Up!”

which relates to JEL’s five-year battle with the tobacco industry and policy makers.

“For five years, we’ve stood by and watched our public officials slash budgets, misuse settlement money, and take steps to curb our prevention efforts in the state of Iowa,” said Thomas Oldham, JEL president. “This year, we’re gathering in the capital city to tell our lawmakers we’re fed up, and show the people of Iowa what their elected officials are really up to.”

Students attending this year’s summit will participate in the following sessions: government and big tobacco, community partnerships, street marketing, legislature, scene smoking, and media advocacy. After

the educational sessions, youth will be able to socialize at evening events that include dancing, live bands, a hypnotist, a comedian, movies, a carnival, and a tattoo artist. The entire summit is free of charge.

“Our generation is growing and so is our movement,” said Oldham. “Now is the time to show our lawmakers we mean business.”

JEL is funded with a portion of Iowa’s tobacco settlement fund and is administered by the IDPH Division of Tobacco Use Prevention and Control as one component of the state’s initiative to reduce tobacco use. For information on JEL, visit its web site at [www.JELiowa.org](http://www.JELiowa.org).



# Simple steps to keep the summer picnic healthy

By Kevin Teale, Communications Director

The summer cookout season is officially under way in Iowa. Along with it comes the danger to your health of under-cooked meat or foods that have been improperly prepared. Annually, over 1,000 Iowans get sick either directly or indirectly from food items that hadn't been properly prepared.

One of the most serious dangers when meat is not completely cooked is infection with *E. coli* 0157. There is one simple rule that can cut down on the number of *E. coli* 0157 illnesses. "Cook all ground or chopped meat patties and poultry until the center is gray or brown," said Dr. Patricia Quinlisk, Iowa state epidemiologist. "All juices running from the meat should be clear, with no trace of pink or cloudiness."

Other tips include:

- Thaw meat in the refrigerator, not on the kitchen counter;
- Use different plates for raw and cooked meat;
- Wash hands, utensils, and cutting boards in hot soapy water after contact with raw meat;
- Wash hands after going to the bathroom, diapering an infant, and before preparing food; and
- Keep hot foods (cooked

meats) hot, and cold foods (salads and lunchmeat) cold.



"Foodborne illness do peak in the summer months," said Dr. Quinlisk. "The hot and humid months provide prime growing conditions for bacteria. Additionally, people find them-

selves away from some of the safety features a kitchen provides, such as temperature-controlled cooking, refrigeration and easily-accessible washing facilities."

## Oldest father, mother, groom, bride compete with "deaths by county"

By Tom Carney, Office of Communications and Public Health Education

**D**espite what you may have thought if you've ever taken a statistics course, numbers can be fun!

Ok, you're skeptical, but consider this from the Iowa Department of Public Health's 2002 Vital Statistics of Iowa:

The oldest "new" father in 2002 was 70 years old.

The youngest father was 14.

The oldest mother was 48; the youngest 13.

The oldest groom was 92; the oldest bride, 95.

And get this, the oldest male divorcee was 91; the oldest female divorcee, 92. And the marriage of the longest duration ending in divorce lasted 56 years!

Wouldn't you think...? Never mind.

Fact is, there's a ton of interesting stuff in Vital Statistics. It may not be something you'd want to curl up with on a cold, rainy night, but it is

filled with information that could make you more interesting at your next party.

Imagine how people will admire your knowledge of Iowa if you mention that "Jacob" is the state's most popular boys' name and "Emma" the most popular girls' name?

Or, even more so if you can name the top five boys' names, which after "Jacob," are "Ethan," "Tyler," "Austin" and "Logan," and the top five girls' names, which after "Emma," are "Madison," "Emily," "Hannah," and "Olivia?"

And I suppose you think the era of large families is over. Well, one set of Iowa parents had 17 children in 2002. Including the parents, that would make two nine-person football teams, with a referee to boot.

The two family teams could have a rivalry lasting years, which would see them through lots of holiday gatherings.

It must be admitted that most of the numbers in 2002 Vital Statistics

of Iowa are decidedly not fun. But they're all useful, especially for public health practitioners.

The book includes charts, maps and tables on leading causes of death and rates of birth, marriage, dissolution, death and more, often by county, race, sex, age and cause. It's a "must" reference for people who work in public health or those who just need Iowa-specific health information.

Many of you in public health will soon receive a copy of 2002 Vital Statistics of Iowa. Others may buy a copy by sending \$5 to Vital Statistics, Iowa Department of Public Health, Lucas State Office Building, 321 E. 12<sup>th</sup> St., Des Moines, Iowa 50319.

The publication is available online by going to [www.idph.state.ia.us](http://www.idph.state.ia.us) and clicking on "Publications and Data" in the Quick Links box. And, coming soon is a new web-based version that will be user-friendlier – including availability in other formats – than the current one.

# Lighten Up Iowa ends; now maintenance of effort

**T**he five-month Lighten Up Iowa campaign begun in January ended on June 4, and the 8,500 participants, on over 1,100 teams from every Iowa county, are thinking about ways to sustain their

healthy habits.

"Lighten Up Iowa is a great way to break old habits," said Mary Mincer Hansen, director of the Iowa Department of Public Health, "and five months is enough time to establish

new habits of regular exercise and healthy eating. But participants need to maintain their efforts, which will pay off in reduced health risks."

Lighten Up Iowa is sponsored jointly by the Iowa Department of Public Health, the Iowa Games and Iowa State University Extension.

sion.

Besides the Lighten Up Iowa teams, some 250 Go the Distance youth teams - some with as many as 17 members - have been competing to maximize their exercise and nutritious eating.

Participants are urged to make a plan on how to maintain their Lighten Up Iowa efforts indefinitely. The third annual campaign is planned for Jan. 19 of next year. Details will be on the web site, [info@lightenupiowa.org](mailto:info@lightenupiowa.org).

For more information, contact:

Lynn Allen, Lighten Up Iowa coordinator, 515 707-1832

Tim Lane, Iowa Department of Public Health, 515 281-7833

Ruth Litchfield, ISU Food Science and Human Nutrition, 515 294-9484

Diane Nelson, ISU Continuing Education and Communication Services, 515 294-3178



Janet Beaman, Kathy Widelski, Kim Tichy, Sally Clausen, and Janet Peterson of the "Movers and Shakers" proudly pose at the Capitol for their final weigh-in on June 4.

## Spring floods bring a larger mosquito population

*By Kevin Teale, Communications Director*

**I**owa's May rains might lead to higher than normal mosquito populations, but not a higher risk of mosquito-borne disease right away.

The department and its public health partners across the state have already implemented mosquito-borne disease-surveillance programs that will give Iowans an early warning when those illnesses do appear.

Those programs involve the trapping and testing of mosquitoes, testing chicken flocks placed around the state, and testing dead blue jays and crows sent in from around the state.

It comes down to timing. "The heavy rains have led to high mosquito populations in some areas," said Dr. Patricia Quinlisk, Iowa state epidemiologist. "However, while a tremendous nuisance, floodwater mosquitoes normally don't carry diseases such as West Nile and La-

Crosse Encephalitis."

The mosquitoes that typically spread disease in Iowa usually appear later in the year. However, Iowans should be taking steps now to help reduce the risk in the future. This includes eliminating places where water can accumulate (such as old tires and open containers). Consider larvicides for continual water sources such as ponds and lakes, and repair screens and gutters around the home.

Iowans shouldn't wait for diseases such as West Nile to appear before taking personal precautions. Those precautions include using a DEET-based mosquito repellent, wearing long-sleeved shirts and pants, and

avoiding the outdoor in peak mosquito periods such as dusk and dawn.



"While some municipal governments in Iowa have mosquito programs, they cannot eliminate all mosquitoes in a given area. It's best to take steps to protect yourself," said

Dr. Quinlisk. "These steps will help protect you against West Nile and they can also reduce your exposure to other insects such as ticks, which potentially carry Lyme Disease."

For more information on mosquito control and personal protection, visit the department's web site at [www.idph.state.ia.us](http://www.idph.state.ia.us) or call the toll-free West Nile hotline at 866-WNV-IOWA (866-968-4692).



# 260 athletes participated in Special Olympics Special Smiles

By Tracy Rodgers, Oral Health Bureau

Over 260 athletes participated in the Special Olympics Special Smiles® screening program on Friday, May 21 in Ames. Special Smiles is one of the core components of the Special Olympics Healthy Athletes initiative. The mission of Special Smiles is to increase access to dental care for Special Olympics athletes, as well as all people with intellectual disabilities.

Special Smiles events are located at the state/provincial, national or regional Special Olympic Games around the world. Iowa's Special Smiles initiative is in its fourth year. Dr. Rhys Jones (Cedar Rapids) is Iowa's volunteer local coordinator. In addition to Dr. Jones, Dr. Ty Erickson, Des Moines; Kathy Thorsteinson, Cedar Rapids; and Mary Kelly, Des Moines are all involved in planning Iowa's Special Smiles initiative. The Director of Special Programs for Iowa's Special Olympics, Kathy Agard-Irving, also helps plan for the event.

Over 30 volunteers, including dental professionals (dental assistants, dental hygienists, dentists, and dental hygiene students) and others, implemented Iowa's Special Smiles event this year. Athletes received a dental screening and instruction on how to keep their teeth and gums healthy through brushing, flossing, and good nutrition. Athletes needing

treatment were given contact information for care coordinators in their areas. The care coordinators will assist families in locating dentists to provide needed treatment. Special Smiles organizers will also follow up with families of athletes needing treatment to ensure they are able to access it.

Data will be compiled for analysis. It will generate a snapshot of the oral health of a representative sample of the hundreds of thousands of Special Olympics athletes around the world. These data are used to encourage more dental schools to increase the special needs instruction they offer, and to demonstrate to governments of all levels that access to oral health providers for this population must be increased.

Clinical supplies for the screen-

ings are donated by one of the national sponsors of Special Smiles, and products for the "goody bags" (toothbrush, toothpaste and floss) given to each participating athlete are supplied or paid for by other sponsors. Additional sponsor contributions help expand the Special Smiles initiative, primarily through education and/or research and



Ted Noring, DDS (Central City) and Deb Milke, RDH (Cedar Rapids) examine a patient at the event.

data collection.

Iowa's Special Smiles continues to grow each year, and organizers are looking forward to July of 2006 when Ames hosts the National Special Olympics. It will provide the opportunity to promote good oral health to even more athletes.

For more information on Special Smiles and the Special Olympics Healthy Athletes program, visit: [http://www.specialolympics.org/Special+Olympics+Public+Website/English/Initiatives/Healthy\\_Athletes/default.htm](http://www.specialolympics.org/Special+Olympics+Public+Website/English/Initiatives/Healthy_Athletes/default.htm)

## IDPH disaster preparedness receives visitors from Puerto Rico



Eunice Santiago and Michael Serrales.

The Iowa Department of Public Health recently hosted HRSA bioterrorism preparedness planners from Puerto Rico. Michael Serrales and Eunice Santiago spent two days with John Carter, the IDPH hospital bioterrorism coordinator.

During their visit, they were able to discuss preparedness activities with Dr. Ed Bottei from the Iowa Statewide Poison Control Center, as well as Bonnie Rubin and Dr. Mike Wickman from the University Hygienic Laboratory.

John, Michael, and Eunice shared information and ideas that will help both Iowa and Puerto Rico further improve their programs.

# New surgeon general's report released

By Keven Arrowsmith, Office of Communications and Public Health Education

U.S. Surgeon General Richard H. Carmona recently released a new, comprehensive report on smoking and health, revealing for the first time that smoking causes diseases in nearly every organ of the body.

Published 40 years after the surgeon general's first report on smoking – which concluded that smoking was a definite cause of three serious diseases – this newest report finds that cigarette smoking is conclusively linked to diseases such as leukemia, cataracts, pneumonia and cancers of the cervix, kidney, pancreas and stomach.

"We've known for decades that smoking is bad for your health, but this report shows that it's even worse," Dr. Carmona said. "The toxins from cigarette smoke go everywhere the blood flows. I'm hoping this new information will help motivate people to quit smoking and convince young people not to start in the first place."

According to the report, smoking kills an estimated 440,000 Ameri-

cans each year. On average, men who smoke cut their lives short by 13.2 years, and female smokers lose 14.5 years. The economic toll exceeds \$157 billion each year in the United States -- \$75 billion in direct medical costs and \$82 billion in lost productivity.

Iowa numbers are equally disturbing.

"If I told you that 13 Iowans would die today, tomorrow and each day thereafter, I would get your attention," said Mary Mincer Hansen, director of the Iowa Department of Public Health, "and this would be headline news every day. But some-

how, we've come to accept it when it's due to tobacco use."

Hansen pointed out that Iowa loses 4,600 adults each year from smoking, and about 80,000 Iowa kids now under 18 and alive will ultimately die prematurely from smoking.

Another 500 or so Iowans die each year from disease caused by secondhand smoke – more than die from accidents, AIDS, homicide and illegal drugs.

For information on the report, and other useful information, go to

[www.idph.state.ia.us/tobacco/resources.htm](http://www.idph.state.ia.us/tobacco/resources.htm)



Bob Cretin, cancer survivor and tobacco-control advocate from Marion, speaks during an IDPH press conference on May 27.

## Audrey Mitchell retires

Audrey Mitchell retired from the Iowa Department of Public Health on May 13 after 30 years of service.

Mitchell started with the state working with driver's licensing before moving to WIC and finally professional licensure. She said her favorite thing about IDPH were the people.



## Dr. Ousmane Diallo joins IDPH

The Iowa Department of Public Health welcomed Dr. Ousmane Diallo to a fellowship on May 19.

His primary duties will include assisting the hospital bioterrorism preparedness program to design competencies for health-care workers on disaster mental health response.

Dr. Diallo, a native of Senegal, is finishing his MPH at St. Louis University. Dr. Diallo was awarded a fellowship through the Association of Schools of Public Health.

Dr. Diallo holds an M.D. from the University Cheikh A. Diop. He has experience working with poor communities and socially disrupted such as refugees, seasonal migrants and exploited children. He has also worked with various non-governmental, religious and international organizations as a consultant or associate worker in social mobilization, community empowerment, and grass root organization design, implementation and evaluation.





# Currier reflects on 29 years in public health

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was mixed with commercial USDA inspected Boston butts that were deboned, ground, and packed into sausage casings.

There is an old saying that when sausage and laws are made, it is best not to observe the process. In this case the deer hunters planned a celebratory dinner and requested delivery of the sausage for the banquet before it was adequately smoked (and heated). The result of this decision for early consumption created a trichinosis episode that extended into several states and even Canada.

A year after onset, I visited some patients and many were still complaining of intermittent muscle aches. The thermal death point for the worm larva is 136°F and can be achieved with ordinary cooking.

Another parasitic disease that I worked on in my salad days here was scabies. It was becoming a major problem of long-term care facilities in the late 1970s. While I understood the biology of this pesky mite, I was naïve about its distribution, concentrating skin scrapings on hands, wrists, and elbows based on standard references.

Experience is always a great teacher and I soon determined that the upper back, shoulders and abdomen were the best locations to recover mites from long term care facility residents. Upper arms and abdomen were best location for mites on staff; hand washing precluded hands and wrists as sites for the mites.

This experience taught me a lesson: The textbook patient is often a composite that may not be representative of special subpopulations.

One scabies episode stands out among all others. The index patient, who had a variant of keratotic scabies also known as Norwegian scabies, was completely covered with

lesions and mites as well. The patient was immunosuppressed due to severe diabetes and age. Secondary transmission extended to children and grandchildren, next door neighbor in a senior housing complex, and several nursing staff at the local hospital. Lindane cream was used for treatment with no improvement; lesions and mites persisted.

I arranged for the manufacturer of a 10 percent crotamiton cream in

Buffalo, NY to provide the treatment cream on an emergency basis. It was very effective and essentially ended the outbreak in spite of a prejudice in some medical circles that this was the least effective product for treating scabies.

Another annoying parasite that I worked on was head lice. In 1976, lice extended through all schools and all grades in a central Iowa school district at the beginning of the school year. Epidemiological study did not offer any new information except that infestation was widespread. Infection rates were higher for females and both sexes with short and medium length hair. Household crowding and having preschool siblings infected were risk factors for the school-aged kids.

Head lice are parasites uniquely adapted to humans that have successfully fed on our tender scalps for thousands of years. Interestingly, they do well even in our advanced nation with a very high standard of living.

This adaptation or survival reminds me of an introductory college parasitology lecture where I heard, "A parasite is one who takes advantage of his neighbor, but prudently so as not to endanger his life." Clearly lice meet this criteria of a successful parasite.

In a career like mine, rabies remains the most significant concern. For all state public health veterinarians, rabies has been dubbed our "rice bowl."

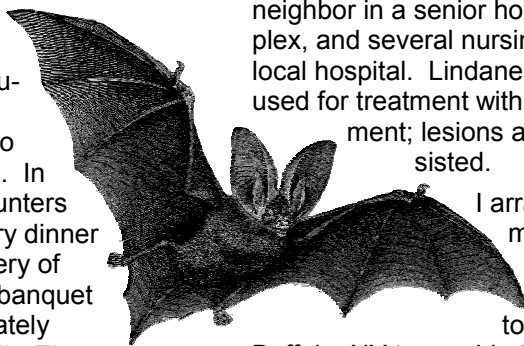
One highlight were the 889 animal rabies cases in 1981. We consulted on several bites by rabid cats that year. Fearing a case or two of human rabies from mad felines prompted me to propose a state sponsored cat-immunization program that was later deemed impractical owing to the difficulty of handling farm/rural cats. That in the very act of catching/handling would have generated a plethora of bites and scratches necessitating rabies prophylaxis.

Hardly a workday went by these past 29 years without some consultation on animal bites or rabies exposures. And, of course, the granddaddy of all exposures that I've had to deal with was the infamous "not-so-rabid bear" from an Iowa petting zoo in August 1999.

This juvenile black bear died suddenly after going off feed and exhibiting seizures, both signs of clinical rabies. Initial tests were positive for rabies leading to administering post exposure treatment or prophylaxis to over 150 visitors from several states and Australia. Subsequent testing of tissue at CDC as well as ISU was unable to corroborate the diagnosis.

One of the more active steps that was taken during this time was my personally taking parts of this bear's brain to Atlanta via Delta Airlines for further testing. (The entire incident remains the defining event of my career "BB" and "AB" i.e. "before bear" and "after bear.")

After dealing with this crisis, my incipient hypertension morphed into essential hypertension even though there's nothing essential about it!!!



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# Currier reflects on 29 years in public health

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Over a 29-year period, gastroenteric infections are almost too common to even count. A couple of episodes stand out with one being a junior prom dinner. This outbreak was linked to consumption of tossed salads made by several parent volunteers. This food item had extensive handling and subsequent hand mixing ensured that the virus (what we call Norovirus today) reached many of the prom celebrants.

A second episode was actually a cryptosporidium outbreak in the University of Iowa women's softball team playing in a multi-state tournament in Missouri. The main risk factor was use of the motel spa hot tub. Of interest the defining national outbreak occurred a few years earlier in Milwaukee from contaminated municipal drinking water. Subsequent outbreaks were much smaller and resulted most frequently from recreational water and swimming.

The thought of swimming brings to mind a large multi-state outbreak of leptospirosis in a triathlon event in Springfield, IL. People were exposed during the swimming portion of the grueling event. This was held in a park water reservoir that represented suburban Springfield storm sewer waters with contaminants.

Leptospiral bacteria (coiled bacteria like Lyme and syphilis bacteria) are shed in the urine of infected wild and domestic animals and remain viable for several days in stagnant water. Microorganisms in the contaminated water transmit to humans through the mucous membranes.

We assisted CDC in an investigation of the Iowans involved in this outbreak, the number of which exceeded all other leptospirosis cases for the previous 20 years combined.

One of the "new diseases" to appear in Iowa is hantavirus. We have only had six cases since the disease was first recognized in the Four Corners region of CO, NM, UT, and AZ. Iowa's first case (fatal) prompted a survey of small rodents

with CDC assistance on the premises where the patient lived. We trapped small mammals for three days during the warmest days of the summer.

CDC staff insisted on full personal protective measures including full gowns, caps, rubber gloves, booties, and forced air respirators. We



were concerned that we would scare the community who saw us decked out like spacemen. But we assured the

family and neighbors that risk of hantavirus was not high during routine activities. If they saw us processing rodents, they may have come to a different conclusion.

After collecting close to three dozen animals, we did receive laboratory confirmation of hantavirus in a meadow vole but the strain was "Prospect Hill" (not associated with human illness) and not the lethal "Sin Nombre" strain. This disease has averaged one case per year for three million residents so it remains sporadic and elusive.

Finally, in terms of difficult investigations, I should comment on the really elusive conditions that defy characterization. A very common one is delusions of parasitosis when patients insist very small mites, lice and so forth affect them. Almost no amount of reassurance will dissuade these people from their convictions. Some recover and others suffer for years. One patient whom I visited in eastern Iowa laundered all her bedding daily to reduce the parasites and had to replace her washer and dryer yearly owing to heavy use.

I once investigated three homes causing illness. One alleged that it was from a flame-retardant chemical used in insulation. This family lived in their garage and a tent in the front yard.

A second home was purchased from a closed military base and resulted in strange phenomena. The family actually made an appearance on the national TV program entitled,

"That's Incredible."

Finally, the third home caused enteric illness from residue of a burned-out electrical component of a newly installed replacement furnace. This couple purchased a trailer home and lived in their backyard but no medical work up ever confirmed any toxicity.

But the worst case of all was a rabies-phobic woman who had not left her home for years because of fear of rabies exposure. I encouraged her to get psychiatric help but she declined owing to the risk of rabies exposure from road-killed skunks that she might pass while she traveled. (Just in case you were wondering, there is no risk in passing road kill).

In the final analysis, mental health and well being is as important as any infectious disease risk or experience. In fact, my parting sentiment is to encourage all to be happy and don't get too stressed. For example, I've always reminded my friends that I work principally with two diseases. One is 100% fatal and makes everyone anxious. Disease? Rabies. The other is 0% fatal and makes everyone anxious. Disease? Head lice.

Iowa has experienced one human rabies death in the last 50 years, and that case remains unexplained in terms of exposure and probably was not preventable. Regrettably, we've had one child with head lice who died, not from the lice infestation, but from the fuel oil treatment to her hair that was inadvertently ignited, causing such severe burns that she died. Sometimes the truth is stranger than fiction, especially when the cure is worse than the disease.

So, with admiration and affection, let me offer my best wishes for all to have a lifetime of health and happiness. Keep your wits with you and most importantly maintain a sense of humor! It has been a great 29 years and thanks to all of you for coming to work every day.



# Epidemiology Notes



From the Center for Acute Disease Epidemiology, Iowa Department of Public Health, 1 800 362-2736 (24-hour number)

## Flood-Related Health

Health departments and health professionals may receive inquiries about recent storms and flooding. More detailed information is available at a number of web sites, including those of Iowa State University, U.S. Centers for Disease Control and Prevention and the Iowa Department of Public Health:

<<http://www.extension.iastate.edu/Information/Flood/>>

<<http://www.cdc.gov/nceh/emergency/flood/default.htm>>

<<http://www.idph.state.ia.us>>

Flooded homes should not be entered until both electricity and gas have been shut off. Electrocution and the possibility of explosions due to gas leaks may be risks in flood-damaged houses.

Injuries are probably the biggest health threat. These include ceiling collapses, slips on muddy floors and stairs, driving through flood waters, and water-covered roads and other hazards.

Indoor use of internal combustion engines should be avoided. Persons may be more likely to operate generators and pumps indoors after a flood or other disaster, and this is always unwise. Asphyxiation historically has been one of the greatest health threats in Iowa under these conditions. In addition, generators can hold special risks of fire and electrical injury in the aftermath of a disaster.

Additional tetanus shots in persons with up-to-date tetanus immunization (Td in older children and adults or DTP in young children) after simple exposure to flood waters are not needed. Persons with lacerations and other wounds contaminated by flood water or mud, may need to receive

tetanus boosters. Standard guidelines should be used. See

<<http://www.cdc.gov/nip/publications/pink/tetanus.pdf>> Because flood conditions may increase the risk of receiving soft tissue injuries, more people may need tetanus boosters than under normal conditions.

Water pumped from wells that have been submerged by flood water should be disinfected before being used for drinking, food preparation and other domestic needs. More information may be found at

<[http://www.extension.iastate.edu/Information/Flood/Clean\\_Up\\_Flooded\\_Wells\\_Before\\_Using.html](http://www.extension.iastate.edu/Information/Flood/Clean_Up_Flooded_Wells_Before_Using.html)>

University of Iowa Hygienic Laboratory or UHL can perform well-water testing when needed, and has funds to perform testing for free for persons in areas that have been designated disaster areas. In general, steps to decontaminate the well (shock chlorination, etc.) should be taken prior to submitting specimens for testing, and testing should be used to confirm successful decontamination. For more information or to arrange testing, contact Fay Wheeler at UHL (toll free number 1-800-421-IOWA or 319/335-4500).

Concerns on indoor mold may be common, and practical information may be found at <<http://www.idph.state.ia.us/eedo/cade/content/epifacts/mold.pdf>>

In addition to the web site links, contact the Iowa Department of Public Health for questions on communicable diseases, such as tetanus. Call the Immunization Program at (800) 831-6293 or the Center for Acute Disease Epidemiology at (800) 362-2736. For questions on post-storm environmental hazards, inquiries should be directed to the Division of Health Protection and

Environmental Health at (515) 281-7462.

## It's Time to Get "Ticked Off"

This time of year, tick exposure is high, owing to increased outdoor activity like mushroom picking, hiking, and camping out. Remember that ticks carry diseases like Lyme Disease. How many of them carry this disease? So far this year, 57 of 153 ticks submitted for identification were deer ticks that can carry Lyme disease, and 3 of the 37 tested for Lyme Disease were positive (all in Northeast Iowa).

What are the best protective measures? Apply a DEET-based mosquito repellent to shoes, socks and lower legs, and any other exposed skin before going into a tick infested area. Also, immediately after coming back home, take a shower, and check your whole body for ticks. It takes a tick several hours after attachment to actually transmit the disease.

## First Mosquito Catch of the Season

Update from Iowa State University Entomology: "Surveillance system is in place and we are getting a lot of mosquitoes from around the state."

Des Moines and Scott County had hundreds of *Aedes vexans* and many *Culex pipiens*, even some *Culex tarsalis* in their catches for the week. Other sites had much smaller numbers, but all had some mosquitoes.

# Worth Noting

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## EMS Conference on June 10

The Iowa Department of Public Health, Bureau of EMS invites you to an exciting one-day conference. Trauma -Do We Make A Difference? Questions will be answered from the patient and health-care professional perspective. Conference coordinators will be discussing trauma from the national and state perspective and most importantly, from the patient perspective. Attendees will note the unconventional set-up of this conference as well.

This program is funded by the HRSA Trauma/EMS grant to the Iowa Department of Public Health, Bureau of EMS. It is presented to all health-care professionals who deal with trauma. There will be 7 formal CEH's for EMS personnel provided by the Iowa Department of Public Health, Bureau of EMS. .7 nursing CEU's (7 contact hours) will be provided by Des Moines Area Community College, IBN Provider #22. The CEH's and CEU's provided as part of the conference fee. The conference will be held June 10, 2004 at the Hy-Vee Convention Center, 5820 Westown Parkway, West Des Moines. A \$10 nonrefundable fee will be charged. Call 1-515-725-0320 for more information or e-mail [kbaerenw@idph.state.ia.us](mailto:kbaerenw@idph.state.ia.us).

## Midwest Conference on Problem Gambling and Substance Abuse August 11-13

The Midwest Conference on Problem Gambling and Substance Abuse is scheduled for August 11-13, 2004, in Kansas City, MO. Sponsored in part by Prairielands ATTIC, the Iowa Department of Public Health and its Iowa Gambling Treatment Program, the conference is a four-state collaboration (Iowa, Kansas, Missouri, and Nebraska) supported, in part, by a grant from the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

For more information and to register, please view the Midwest Conference web site at: [http://www.888betsoff.com/links/midwest\\_conference.shtm](http://www.888betsoff.com/links/midwest_conference.shtm) or call 402-292-0061 or e-mail [Exnccgjb@aol.com](mailto:Exnccgjb@aol.com).

## New IDPH Information Management Bureau Chief

Greg Fay has accepted an offer to lead the Information Security Office within the Department of Administrative Services (DAS) and act as the state's chief information security officer. Technically, he is "on loan" to DAS through June 2005, but one of the goals of the position is to develop a sustainable funding stream that will allow the CISO position to be permanent.

Dale Anthony is officially the new bureau chief for Information Management. He has been in this capacity as interim chief for some time. Anthony is looking forward to enhancing relationships between IM, IDPH staff and our external customers.

## Fundamentals of HIV Prevention Counseling

Fundamentals of HIV Prevention Counseling will be held June 15-17, and September 21-23 in Des Moines. This three-day workshop will demonstrate effective, client-centered HIV prevention counseling strategies to assist clients in reducing their risk of acquiring or transmitting HIV. For more information, contact Training Resources at 515-309-3315 or go to [www.idph.state.ia.us/conferences.asp](http://www.idph.state.ia.us/conferences.asp).

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What would you like to see in the Iowa Health FOCUS? Send your suggestions for future articles, letters to the editor, upcoming events, or to add names to the mailing list by e-mailing us at [staylor@idph.state.ia.us](mailto:staylor@idph.state.ia.us).